

2002 Summer Sunshine Awards
Sponsor Entry Form

Please complete the information on this page and attach it to your narrative to be eligible for consideration for a *2002 Summer Sunshine Award*.

Name and address of applicant:

Contact information

Name:

Title:

Phone:

Fax:

E-mail:

Name of Program:

Award Category for which you are applying (circle one):

Service to Special Populations

Successful Outreach

Expansion through the 14 State Pilot Project

Expansion through the Seamless Summer Feeding Waiver

Meal service(s) you provide during the summer (circle all that apply):

breakfast

lunch

snack

supper

Program Information (please use combined totals of all sites/sponsors)

Number of summer feeding sites in your program: _____

Total average daily attendance (ADA) at your feeding site(s): _____

The estimated percentage of children served on an average day who are:

American Indian or Alaska Native _____

African American _____

Hispanic _____

Migrant children _____

Children in rural areas _____

Children with special needs _____

Other (please specify) _____

If you provided summer meals in 2001-

Number of summer feeding sites: _____

Total average daily attendance: _____

If you are part of a partnership, please list the amount of money and/or additional resources (staff time, donated food items) your partnering agency(ies) contributed for the 2002 summer program:

a money, in \$ amount _____

b additional resources, please specify resource and amount below:

(Do not write below this line)

******FOR STATE AGENCY USE ONLY******

State agencies applying for the category of *State Agency Achievement* do not need to complete this section for their application.

Name (please print): _____

Title: _____

SFSP State agency: _____

Signature: _____ Date: _____